
Washington Metropolitan Area Transit Commission

Change of Address Form

Use this form to update carrier contact information on file with the Commission.

PLEASE NOTE:

- Each carrier **MUST** designate the street address (*no P.O. boxes*) of its principal place of business.
- Carriers may also designate a separate mailing address where the Commission will send orders, notices, and routine correspondence.
- If a carrier's principal place of business is located outside the Metropolitan District, it must also designate an agent for service residing in the Metropolitan District (see Agent Designation Form).

1. CARRIER INFORMATION

_____		_____	
WMATC No.	Name of Carrier (as shown on certificate of authority)		
_____		_____	_____
Street Address of Principal Place of Business		City	State Zip
_____		_____	_____
Mailing Address (if different from street address)		City	State Zip
_____		_____	_____
_____	_____	_____	_____
Telephone Number	Other Telephone	Fax Number	E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct correspondence):

_____		_____	
Name		Title	
_____		_____	
_____	_____	_____	_____
Telephone Number	Other Telephone	Fax Number	E-mail

3. CERTIFICATION:

I certify, under penalty of perjury, under the laws of the United States of America, that I am authorized to act on behalf of Carrier and that the information on this form is true, correct, and complete as of this date.

_____	_____
Name (type or print)	Signature
_____	_____
Title	Date